

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING **INFORMATION FOR APPLICATION FOR SIGN LANGUAGE INTERPRETER LICENSE**

THE FOLLOWING ITEMS ARE REQUIRED FOR PROCESSING APPLICATIONS:

Method 1 Requirements:

- Associate degree in sign language interpretation
- or**
- A certificate of completion from an education and training program regarding such interpretation.

Plus one of the following:

- Any valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor. (**Complete Form #2926**)
- Any valid certification granted by any other organization that the department determines is substantially equivalent to a certification granted by RID or its successor.

Method 2 Requirements:

- Any valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor. (**Complete Form #2926**)
- Satisfactory evidence of a diagnosis by a physician that the applicant is deaf or hard of hearing.

Method 3 Requirements:

- Within 24 months after establishing residency in the state, the applicant must provide satisfactory evidence that the applicant **holds one** of the following certifications.
 - Any valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor. (**Complete Form #2926**)
 - Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification specified in the two preceding bullet points.

Plus both of the following:

- Applicant obtained the certification prior to establishing residence in this state.
- Applicant held the certification at the time the applicant established residency in this state.

Mail Application and Required Documents to:

DSPS
ATTN: Sign Language Interpreters Council
P.O. Box 8935
Madison, WI 53708-8935

Please check the status of your application at <http://dsps.wi.gov> under "Applicant Information" before contacting the Department.

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

SIGN LANGUAGE INTERPRETER LICENSE APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Social Security # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan ☐ Hispanic
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander ☐ Other

Sex: ☐ M ☐ F

Have you ever been credentialed under any other name(s)? ☐ Yes ☐ No If yes, state name(s) credential under.

Email Address

School Name <input type="text"/>	School Address (street, city, state) <input type="text"/>
Date Degree Granted <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Degree <input type="text"/>

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ Initial Credential Fee – Sign Language Interpreter
\$75.00 Total Fee Attached

For Receipting Use Only (150)

Wisconsin Department of Safety and Professional Services

CHECK THE APPROPRIATE BOX FOR METHOD OF APPLICATION:

☐ **Method 1:**

- Holds an associate degree in sign language interpretation **or** a certificate of completion of an education and training program regarding sign language interpretation. (**Complete Form #2928**)
- **Plus one of the following:**
 - Any valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor.
 - Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification specified in the two preceding bullet points.

☐ **Method 2:**

- Holds a valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor.
- Satisfactory evidence of a diagnosis by a physician that the applicant is deaf or hard of hearing.

☐ **Method 3:**

- Within 24 months after establishing residency in the state, the applicant provides satisfactory evidence that the applicant holds one of the certifications:
 - Any valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor.
 - Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification in the two preceding bullet points.

And meets both of the following:

- Applicant obtained the certification prior to establishing residency in the state.
- Applicant held the certification at the time the applicant established residency in the state.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA).
For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant Signature: Date: / /